

21.0 510(K) SUMMARY

Submitter: Jeneric/Pentron, Inc.

Address: 53 North Plains Industrial Road

Wallingford, Connecticut 06492

Contact Tel: 203-265-7397 X619

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Contact Person: Annmarie Tenero

Date Summary Prepared: April 14, 2000

Correct Plus is a vinyl polysiloxane impression material, which is to be used for taking impressions of inlays, crowns & bridges, orthodontic appliances, precision attachments and veneers.

Correct Plus is substantially equivalent to Correct V.P.S., K914178. However, Correct Plus is designed to promote hydrophilicity, which does not affect safety or effectiveness. Cytotoxicity testing performed has proven Correct Plus to be safe. Test results are available upon request.



JUL - 5 2000

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Ms. Annmarie Tenero Jeneric®/Pentron®, Incorporated 53 North Plains Industrial Road Wallingford, Connecticut 06492-0724

Re: K001218

Trade Name: Correct Plus Regulatory Class: II Product Code: ELW Dated: April 14, 2000 Received: May 17, 2000

Dear Ms. Tenero:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. substantially equivalent determination assumes compliance with the Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4692. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Timothy A.

Director

Division of Dental, Infection Control, and General Hospital Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure



5.0 INDICATION FOR USE STATEMENT

510(k) NUMBER (II	F KNOWN): <u>K</u>	001218	
DEVICE NAME:	Correct Plus		Major up
INDICATION FOR	USE:		
Correct Plus is a vinyl impressions of inlays, veneers.	polysiloxane impressi crowns & bridges, ort	ion material which is to be used f hodontic appliances, precision at	or taking tachments and
veneers.			\$ 15 miles
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(PLEASE DO NOT IF NEEDED.)	WRITE BELOW TI	HIS LINE – CONTINUE ON A	NOTHER PAGE
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Concur	rence of CDRH, Offi	ice of Device Evaluation (ODE)	
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Prescription Use	OR	Over -The-Counter-Us	
(Per 21 CFR 801.109	')	(Optional Format 1-2	-96) 5.0
		Susan Runn	
		(Division Sign-Off) Division of Dental, Infection Cont	rol,
		and General Hospital Devices	

510(k) Number _

Jeneric/Pentron, Inc.

510K Submission - CORRECT PLUS